MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/622381

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		1		1			53							
4		3		1			54							
5		3		1			55							
6		3		1			56							
7		3		1			57							
8		0		1			58							
9		0		1			59							
10		0		1			60							
11		0		1			61							
12		0		1			62							
13	1		1				63							
14	1		1				64							
15							65							
16							66							
17							67							
18							68							
19							69							
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37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			3				TOTAL IND.							
TOTAL DEP.			11				TOTAL DEP.							
TOTAL CLAIMS			14				TOTAL CLAIMS							

★ *MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS*